

Name
in
Full

Verbel Eugene Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

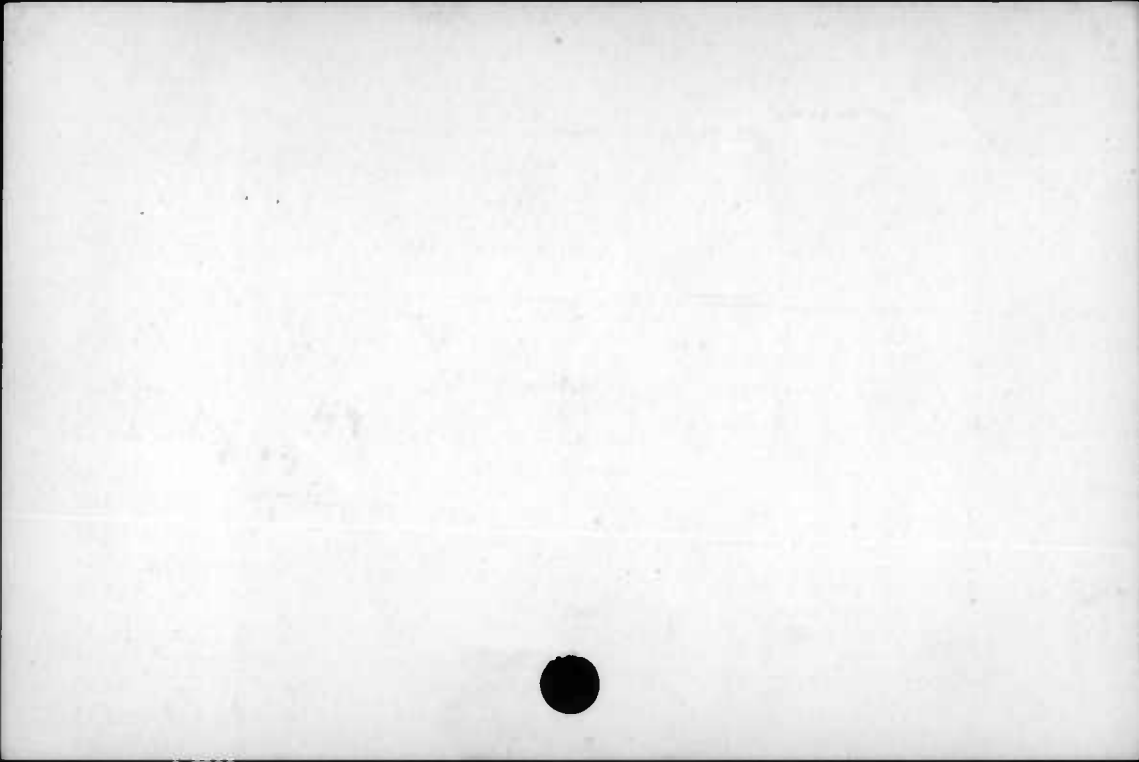
Died at <i>near Waldorf</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>August</i>		Day <i>1</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Verbel C. Adams</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Effie Richards</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Verbel C. Adams</i>			

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	<i>Cerebritis</i>	How long	<i>17 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>short while</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. O. Monroe</i>	
<i>yes</i>		Address <i>Waldorf, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth J Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hill Top</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>aug</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>74</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Chas. Co Md.</i>		
Occupation <i>House Keeping</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>William Allen</i>	Father's Birthplace <i>Chas. Co Md.</i>				
Mother's Maiden Name <i>Elizabeth J Hart</i>	Mother's Birthplace <i>Chas. Co Md.</i>				
Name of person giving information <i>Blair H Allen</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis - Rheumatic</i>	How long <i>—</i>
Immediate <i>Septicemia - Uremia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell</i>
	Address <i>Prigah Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J Frank Button</i>		Town <i>Near Riverside</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>August</i>		Day <i>28</i>		Years <i>34</i>	
Date of death		<i>1908</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Port Tobacco</i>			
Occupation <i>clerk</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John S. Button</i>		Father's Birthplace <i>Annapolis Md</i>					
Mother's Maiden Name <i>Mary F. Harris</i>		Mother's Birthplace <i>Upper Marlborough Md</i>					
Name of person giving information <i>John S. Button</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONERPrimary
Accidental drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

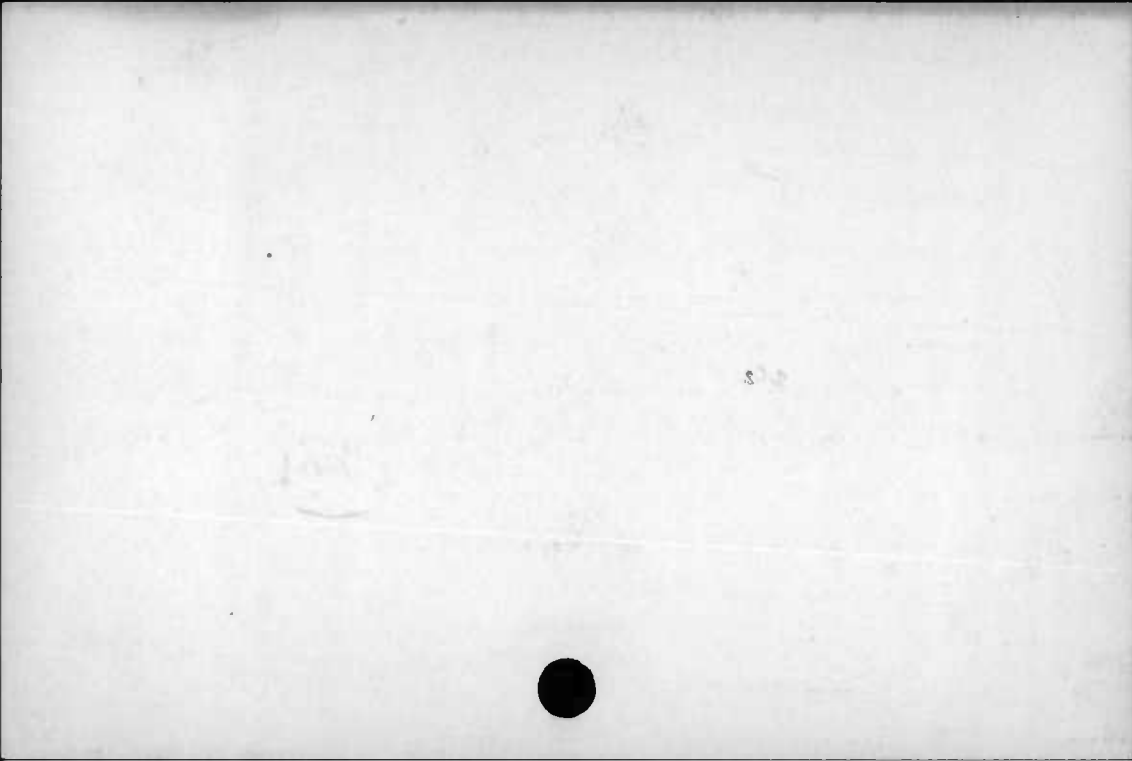
none

Address

*R. Hampton Cox
Sub. Reg.*

Accident or Suicide?

accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	16	16			
Sex	Female	Color or Race	Colored	Birth-place	Charles Co		
Occupation	None			Where Residing if not at place of death	Charles Co		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jack. Campbell			Father's Birthplace	Charles Co		
Mother's Maiden Name	Rachel. Whalen			Mother's Birthplace	Charles Co		
Name of person giving information	Charles. Whisley			How related to deceased	None		

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Hemorrhage from the lungs		How long	Sudden
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes-		W J Gales		
		Address		
		Circleville ma		
		Sub Ry		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Monrovia</i> ^{Town}		<i>Chas</i> ^{County}			
Date of death	<i>1908</i> ^{Month}	<i>Aug</i> ^{Day}	<i>29</i> ^{Age}	<i>38</i> ^{Years}	<i>X</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Columbian</i>	Birth-place	<i>Ind</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>At place of death</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Maggie Myers</i>		
Father's Name	<i>John H. Hatch</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary Humberford</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Chas Hatch</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>4 years</i>
Immediate	<i>Asphyxia</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John P. Marshall</i>
		Address	<i>Sub Reg</i>
Accident or Suicide?	<i>No</i>		



**TO BE ANSWERED BY
NEAREST FRIEND**

CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	Henry Lyson	How related to deceased	Wife
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CAUSES OF DEATH

120

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Maggie Fludung

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

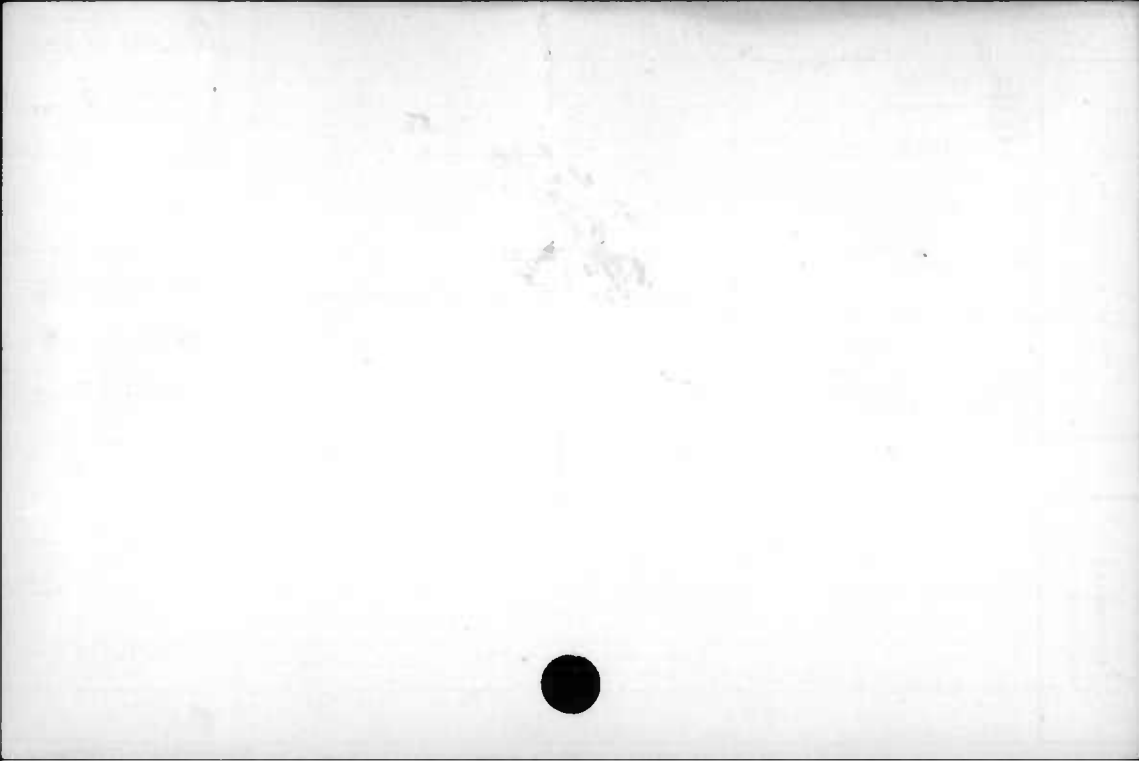
Died at		Town Bryantown		County Lehigh		MARYLAND	
Date of death	190	Month 8	Day 4	Age	Years 20	Months	Days
Sex	Female		Color or Race	white		Birth- place	Ind
Occupation	none			Where Residing if not at place of death		home	
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Julius Fludung					Father's Birthplace	Germany
Mother's Maiden Name	James Cassell					Mother's Birthplace	Ind
Name of person giving in formation	Julius Fludung					How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	18 mo
Immediate	Heart Failure	How long	10 da
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
for		W.C. Chapman Ind	
		Address	
		Stuyvesant Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

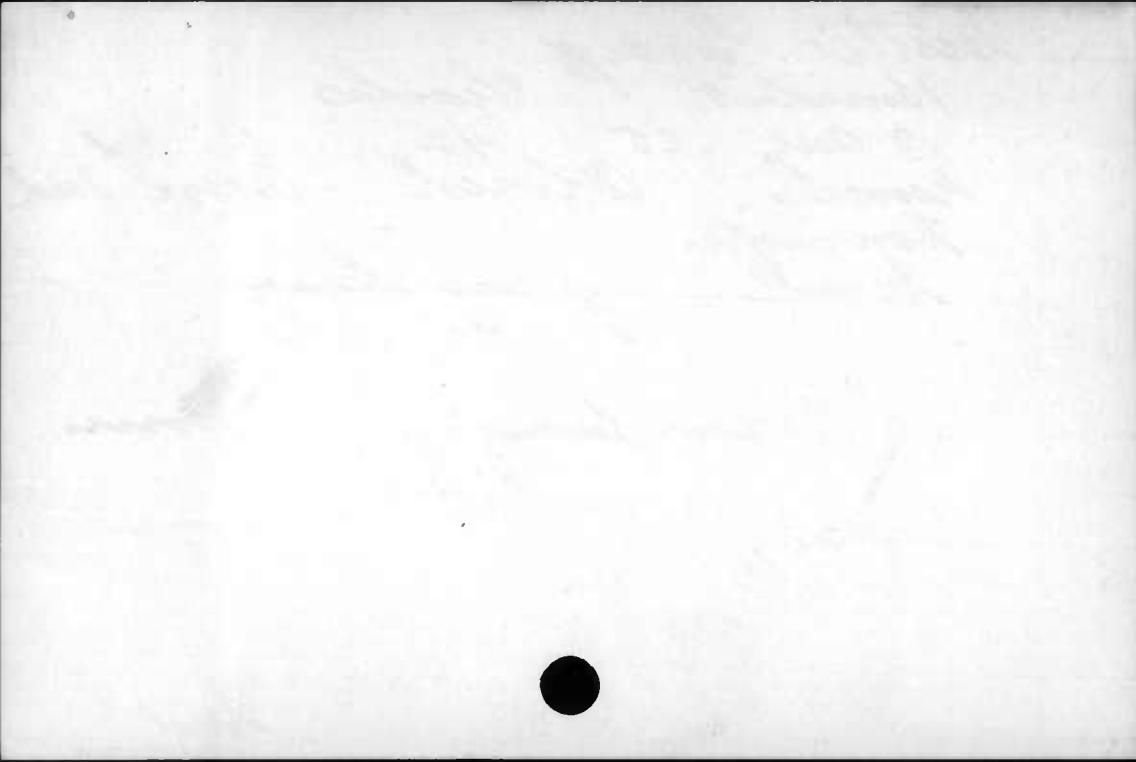
Name in Full Thomas Gains		Town Nantuxony		County Charles		State MARYLAND	
Died at		Date of death		Age		Months Days	
Month Aug		Day 23^d		Years 55		Months — Days —	
Sex Male		Color or Race Black		Birthplace md			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband Winnie Ann					
Father's Name Travers Gains		Father's Birthplace md					
Mother's Maiden Name Martha Moore		Mother's Birthplace md					
Name of person giving information Nesley Leaster		How related to deceased none					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Paralysis from Hemorrhage of brain	How long	1 mo. with 10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. H. Speake	
		Address Grayton	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

Mittie Gray

Town

County

MARYLAND

Died at

Benedict

Charles

Date

Month

Day

Years

Months

Days

of death

1908

Aug

25

Age

42

6

1

Sex

Female

Color or
Race

Colored

Birth-
place

Chas Co Ind

Occupation

Homemaker

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Gray

Father's
Name

Matthew Turner

Father's
Birthplace

Ind.

Mother's
Maiden Name

Emily Bowie

Mother's
Birthplace

Ind.

Name of person giving
In formation

Marion Turner

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

4 yrs

Immediate

Urinary edema

How long

3 mos

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. W. Turner, M.D.

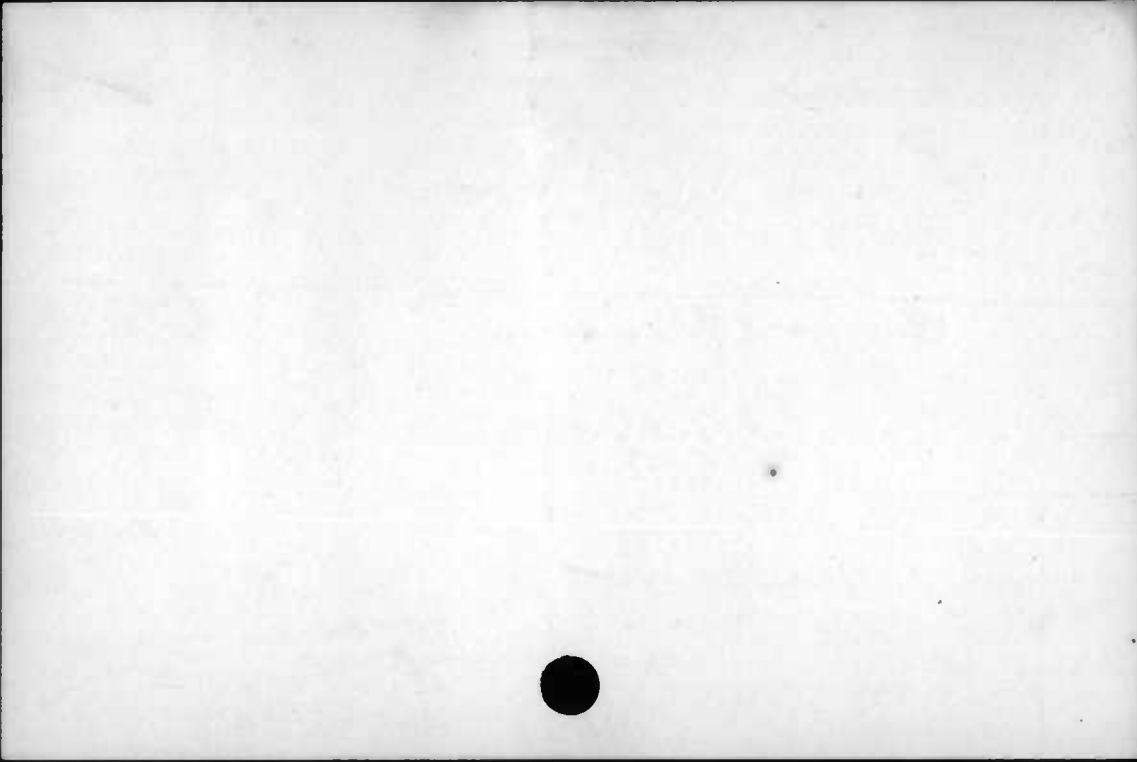
Address

Agua...

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wecome</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>27</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chas Co Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Gayard Hanson</i>				Father's Birthplace <i>Chas Co Md</i>			
Mother's Maiden Name <i>Mary Z. Sanders</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Joseph Sanders</i>				How related to deceased <i>Grandparent</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Perinatal Death</i>	How long	<i>few hours</i>
Immediate	<i>Unknown</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>	
		Address <i>W. F. Browne</i>	
		<i>Sub. Reg.</i>	
Accident or Suicide?			

W. F. Browner

Ind. Rev.

Name
in
Full

CERTIFICATE OF DEATH

• TO BE ANSWERED BY
NEAREST FRIEND

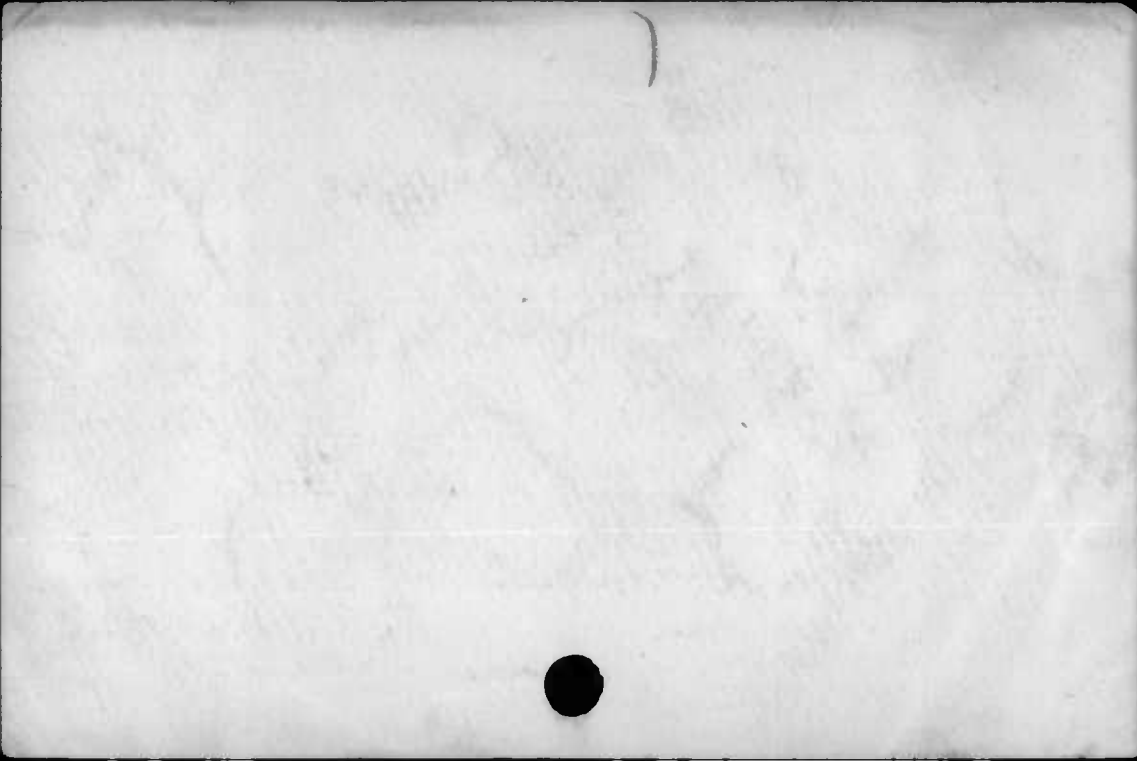
Died at		Town		Hill County		MARYLAND	
Date of death		190	Month	7	Day	Age	19
Sex		Female		Color or Race		Colored	
Occupation		Farmer		Where Residing if not at place of death		Farmer	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Geo Hill		Father's Birthplace		Columbia	
Mother's Maiden Name		Caroline Medteth		Mother's Birthplace		Columbia	
Name of person giving information		Geo Hill		How related to deceased		Father	

CAUSES OF DEATH

1.

PHYSICIAN
OR CORONER

Primary	Typhoid	How long	15 days
Immediate	Hemorrhage	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. L. Hegdorn	
Address		Waybide Md	
Accident or Suicide?			



Name
in
Full

Henry Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aller's Fresh</i>		Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>August</i>		Day <i>7th</i>		Age <i>Years</i>	
Sex <i>male</i>		Color or Race <i>African</i>		Birth-place		Months <i>One</i> Days <i>hour</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Francis Jordan</i>		Father's Birthplace <i>Charles Co.</i>					
Mother's Maiden Name <i>Emma Jones</i>		Mother's Birthplace <i>Charles Co.</i>					
Name of person giving information <i>Francis Jordan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature</i>	How long <i>one hour</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Peter H. Roby</i>
		Address <i>Sub. Registrar</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

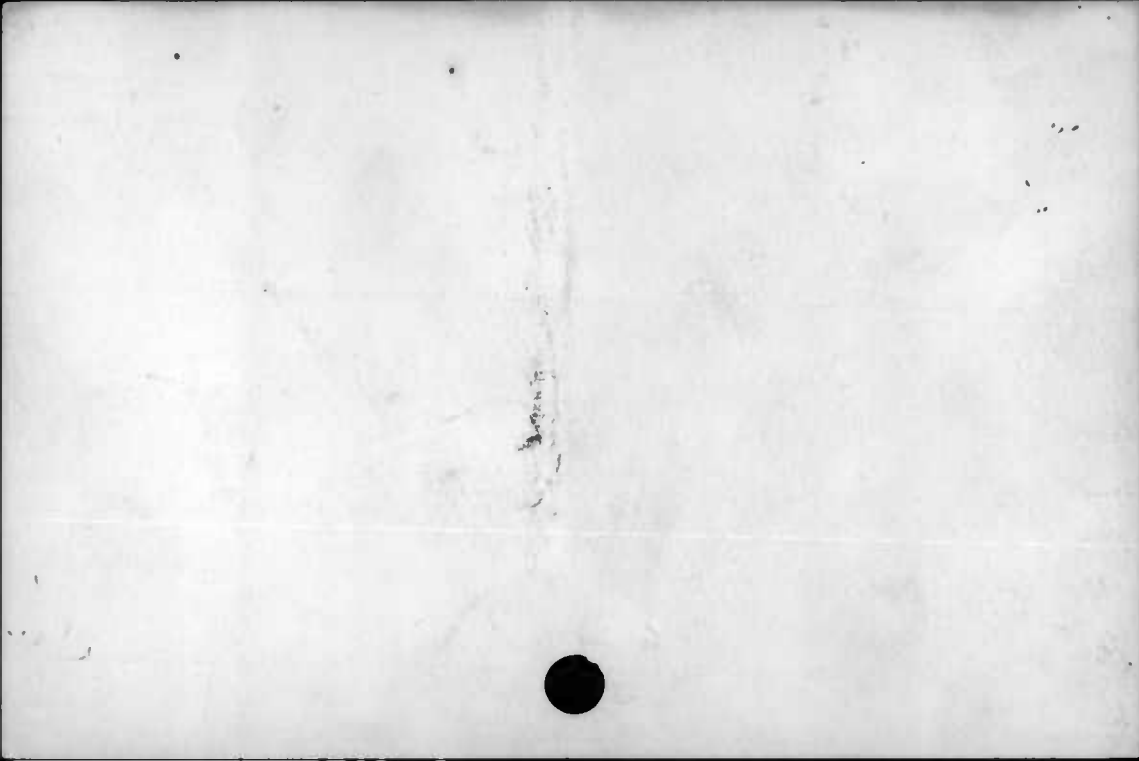
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mt Terrisiah</i>		County <i>Charles</i>		MARYLAND	
Date of death		1908	Month <i>Aug</i>	Day <i>13</i>	Age <i>80</i>	Years	Months <i>0</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Mt Terrisiah</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bettie Kay</i>					
Father's Name <i>Phil Barton</i>		Father's Birthplace <i>W Va</i>					
Mother's Maiden Name <i>Clara Datcher</i>		Mother's Birthplace <i>W Va</i>					
Name of person giving information <i>May C. Hawkins</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							

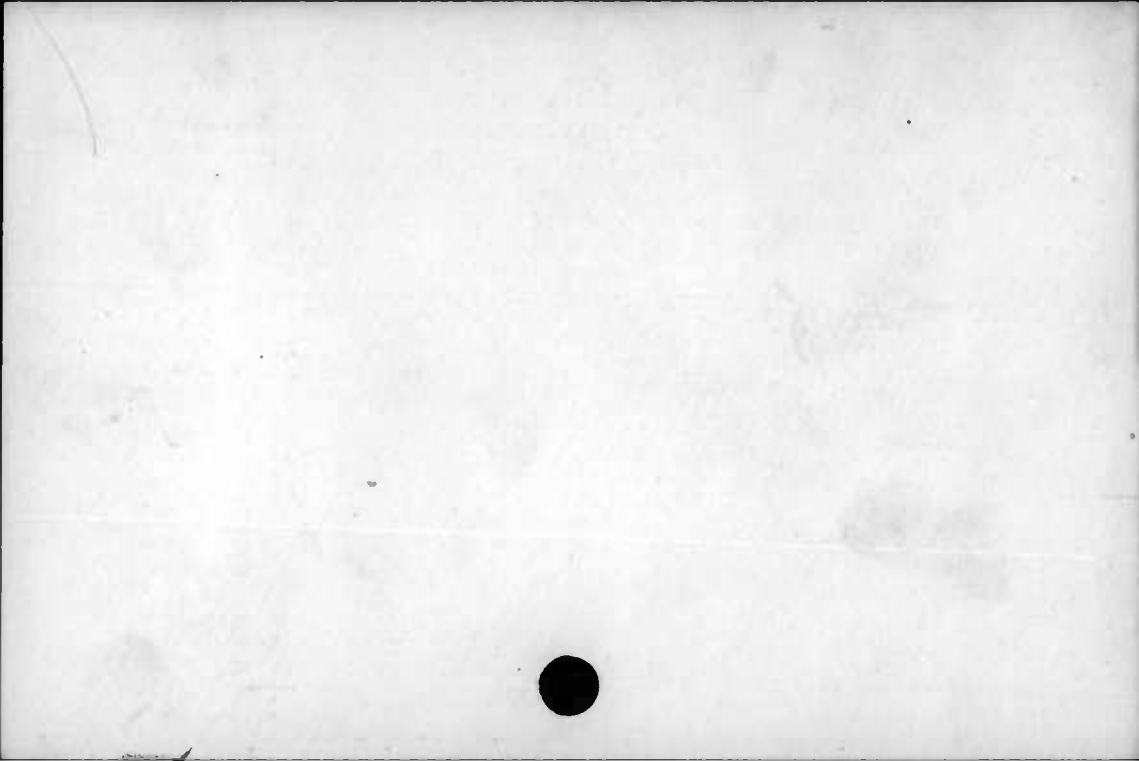
64

PHYSICIAN
OR CORONER

Primary <i>Heart attack - brain</i>		How long <i>4 days</i>	
Immediate <i>1</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. L. Higdon</i>	
		Address <i>Wayside</i>	
Accident or Suicide?			



Name in Full <i>unknown</i>		CERTIFICATE OF DEATH	
Died at <i>Rison</i> Town <i>P.</i>		County <i>Charles</i>	
Date of death <i>1908</i> Month <i>aug</i> Day <i>3</i>		Years <i>0</i> Months <i>0</i> Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>collord</i>	
Occupation <i>none</i>		Birth-place <i>chas co Md.</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>	
Father's Name <i>Matthew Mason</i>		Father's Birthplace <i>Chas co Md.</i>	
Mother's Maiden Name <i>Mary O Proctor</i>		Mother's Birthplace <i>Chas co Md.</i>	
Name of person giving information <i>Matthew Mason</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Still Birth</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. B. Bicknell</i>	
		Address <i>Piedmont Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Run Norris

CERTIFICATE OF DEATH

MARYLAND

Died at *Bel Air* ^{Town}*Charles* ^{County}Date of death *1908 Aug.*Day *7th*Age *62*

Months

Days

Sex *Male*Color or
Race*African*Birth-
place*Clear Cr*

Occupation

*Teacher*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Nannie Norris*Father's
Name*Page Norris*Father's
Birthplace*Charles Cr.*Mother's
Maiden Name*Margaret - don't know*Mother's
Birthplace*Charles Cr.*Name of person giving
information*Nannie Norris*How related
to deceased*Wife*

CAUSES OF DEATH

79

Primary

Ruptured Aortic ^{Corrupt} Aneurysm

How long

7 Months

Immediate

Cardiac Failure

How long

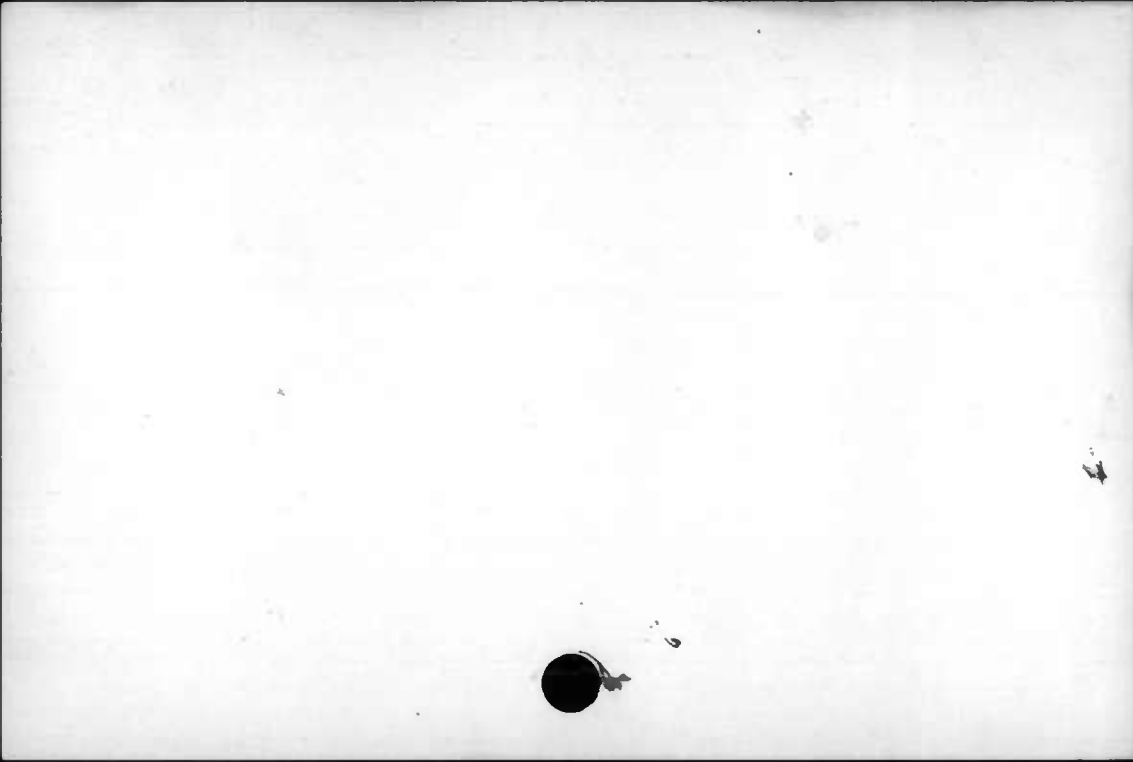
*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Effie**Bel Air**MD*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Ola Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Tuesar Waldorf* ^{Town} *Charles* ^{County}
 Date of death *1908 Aug 6* ^{Month} ^{Day} *Charles* ^{Years} *5* ^{Months} ^{Days}
 Sex *Female* Color or Race *colored* Birth-place *md*
 Occupation _____ Where Residing if not at place of death _____

Married, Single _____
or WidowedName of Wife or
Husband _____Father's Name *William Scott*Father's Birthplace *md*Mother's Maiden Name *Katie Beall*Mother's Birthplace *md*Name of person giving
In formation *William Scott*How related
to deceased *Father*

CAUSES OF DEATH

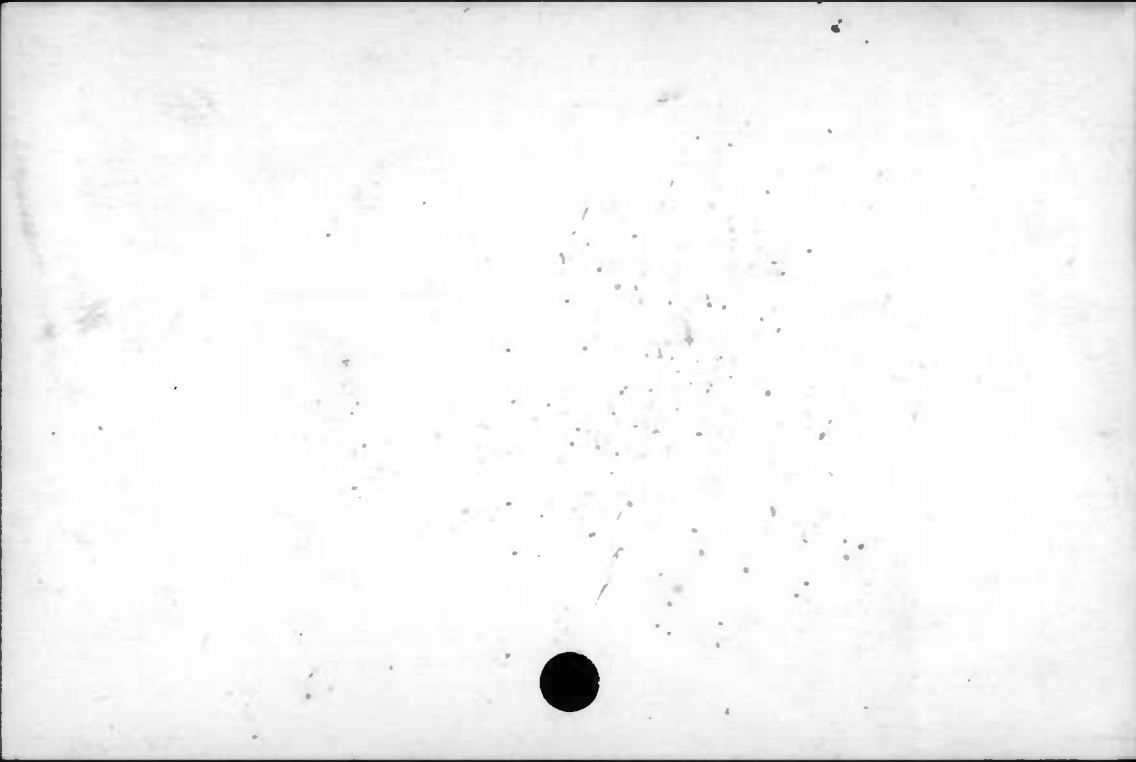
105

Primary *Cholera Infantum*How long *10 days*Immediate *Exhaustion*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*G. O. Monroe**Waldorf**md*

Accident or Suicide?



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

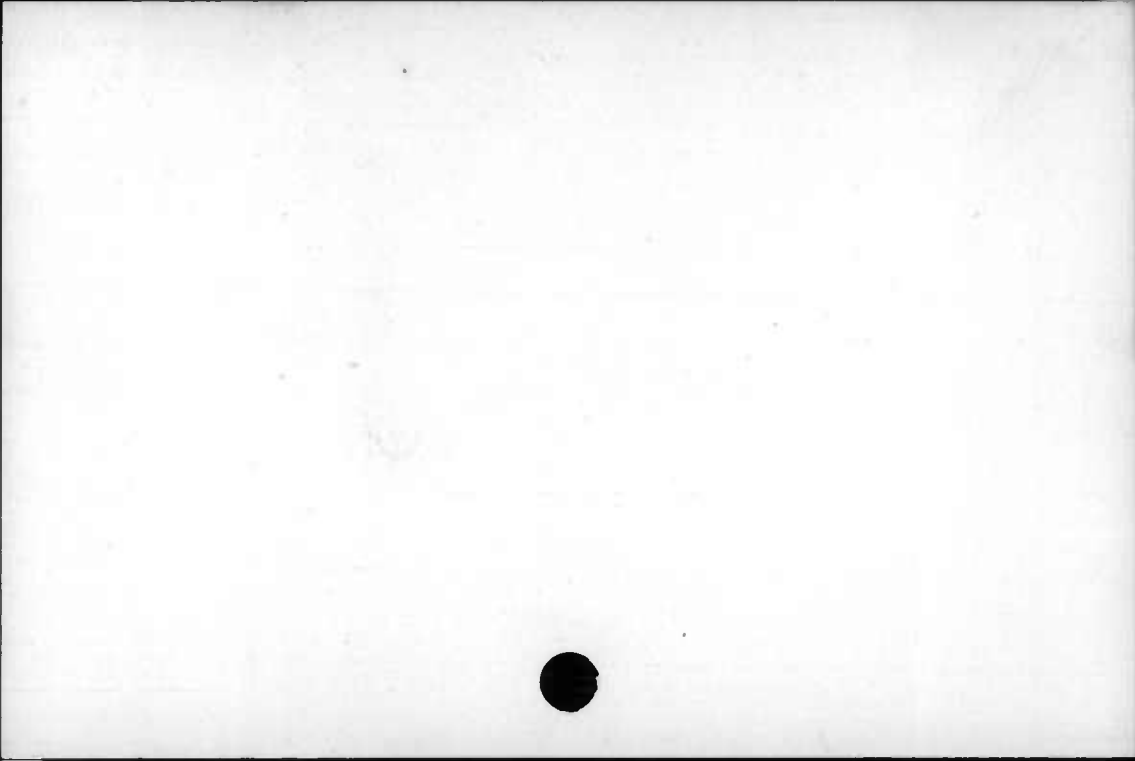
Name <i>Mary L. Smallwood</i>		Town <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months <i>2</i>	
Month <i>8</i>		Day <i>5th</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Bryantown</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ben. Smallwood</i>		Father's Birthplace <i>Chas. C. Md.</i>					
Mother's Maiden Name <i>Charlotte Jennifer</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>John H. Jennifer</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>2 days</i>	
Immediate <i>Strangulation</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Fredrick L. Dent</i>	
		Address <i>Out Register</i>	
Accident or Suicide? <i>Natural</i>			



Name in Full

Certificate of Death

Rosa L. Swann

Town

County

Died at

Burl Alton

Charles

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 2

Age

3-6

Maryland

Male

Wills

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

James W. Swann

Mary Agnes Prater

Cause of

Primary

Enteric Colitis

How long sick

3 months

Death

Immediate

Asphyxiation

105

Accident, Suicide, Homicide

Reported by

E. Swann

Address

Burl Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

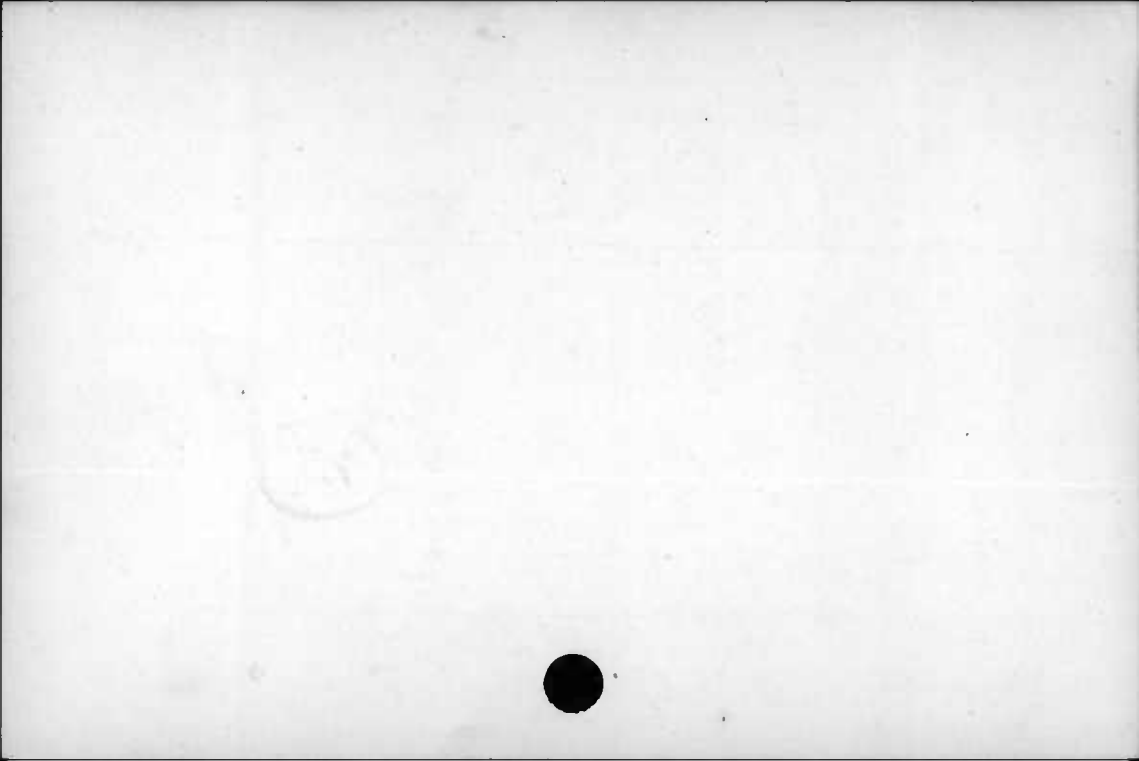
Died at		Town <i>Marbury Md.</i>		County <i>Charles</i>		MARYLAND	
Date of death		1908	Month <i>Aug</i>	Day <i>20</i>	Age <i>1</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Charles Co. Md.</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Harry J. Wader</i>		Father's Birthplace <i>Chas co Md.</i>					
Mother's Maiden Name <i>Annie Bell Bowie</i>		Mother's Birthplace <i>Chas co Md.</i>					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Congenital Hepatic Hypertrophy</i>	How long <i>1 mo</i>
Immediate <i>Toxemia - Encephalitis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell</i>
	Address <i>Pisgah Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Riverside</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death <u>1908 Aug.</u>	Month <u>Aug.</u>	Day <u>12</u>	Years <u>45</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black (mulatto)</u>	Birth-place <u>Va</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Widow Husband <u>Robert Warren</u>				
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Frank Thomas</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulm. Hemorrhage</u>	How long <u>several</u>
General transverse enteritis	How long <u>about</u>
Immediate <u>Uremia</u>	How long <u>three months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. H. Speake</u>
	Address <u>Grayton</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Mattie Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND			
Date of death	<i>1908</i> <small>Year</small>	<i>Aug.</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>Months</i> <small>Months</small>	<i>Days</i> <small>Days</small>	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Charles Co. Md.</i>
Occupation	<i>Nurse</i>			Where Residing if not at place of death			<i>_____</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				<i>_____</i>
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Name	<i>Catherine Washington</i>				Mother's Birthplace	<i>Charles Co. Md.</i>	
Name of person giving information	<i>George Washington</i>				How related to deceased	<i>Half-brother.</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>13 mos.</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. C. Bicknell,</i>
		Address	<i>Pisgah, Md.</i>
Accident or Suicide?	<i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

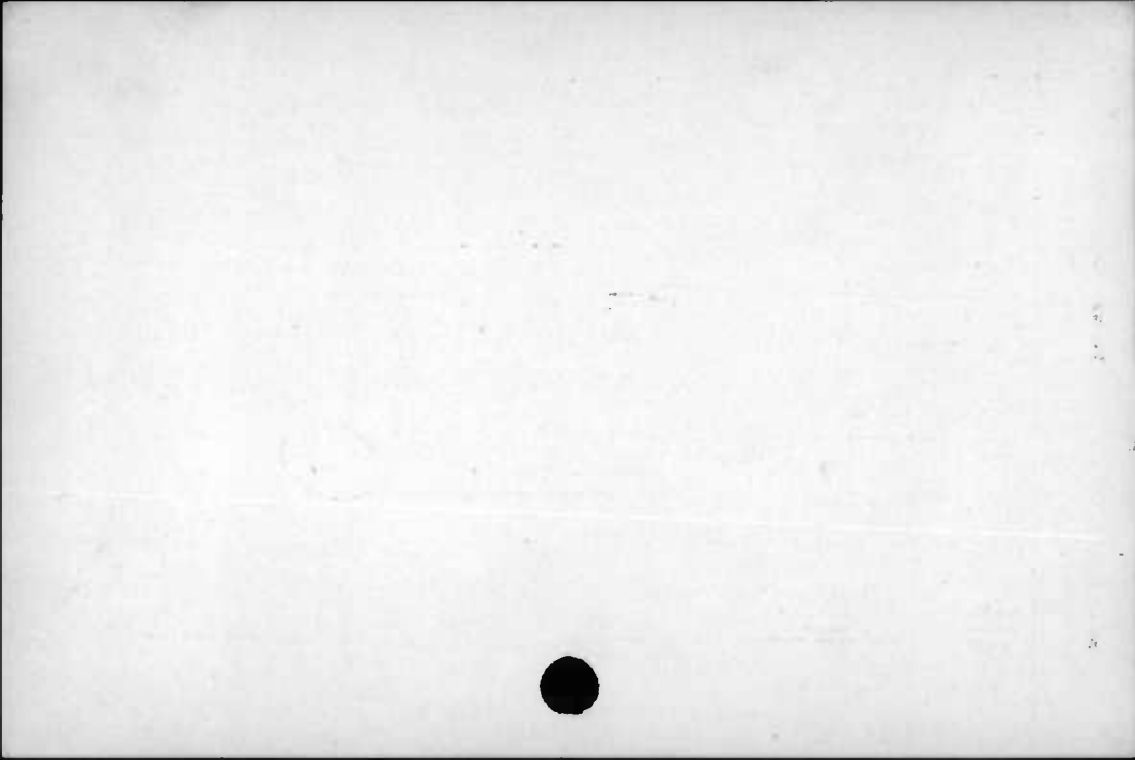
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	21	19			
Sex	Female	Color or Race	Colored	Birth-place	Charles Co		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name	Sanford Whalin			Father's Birthplace	St. Marys Co		
Mother's Maiden Name	Elizabeth Whalin			Mother's Birthplace	St. Marys Co		
Name of person giving information	Elizabeth Whalin			How related to deceased	Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	one year
Immediate	Not Known	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W.S. Gale
		Address	Sub. Reg Weinico md
Accident or Suicide?			



Name
in
Full

Richard C. Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Denton Town, Charles County, MARYLAND

Date of death 1908 Month Aug. Day 14 Age 91 Years 10 Months 10 Days

Sex male Color or Race white Birth-place Ind

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Raphael Wheatley Father's Birthplace Ind

Mother's Maiden Name Do not know Mother's Birthplace Ind

Name of person giving information Richard T. Wheatley How related to deceased Son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Organic Heart Disease How long 10 years

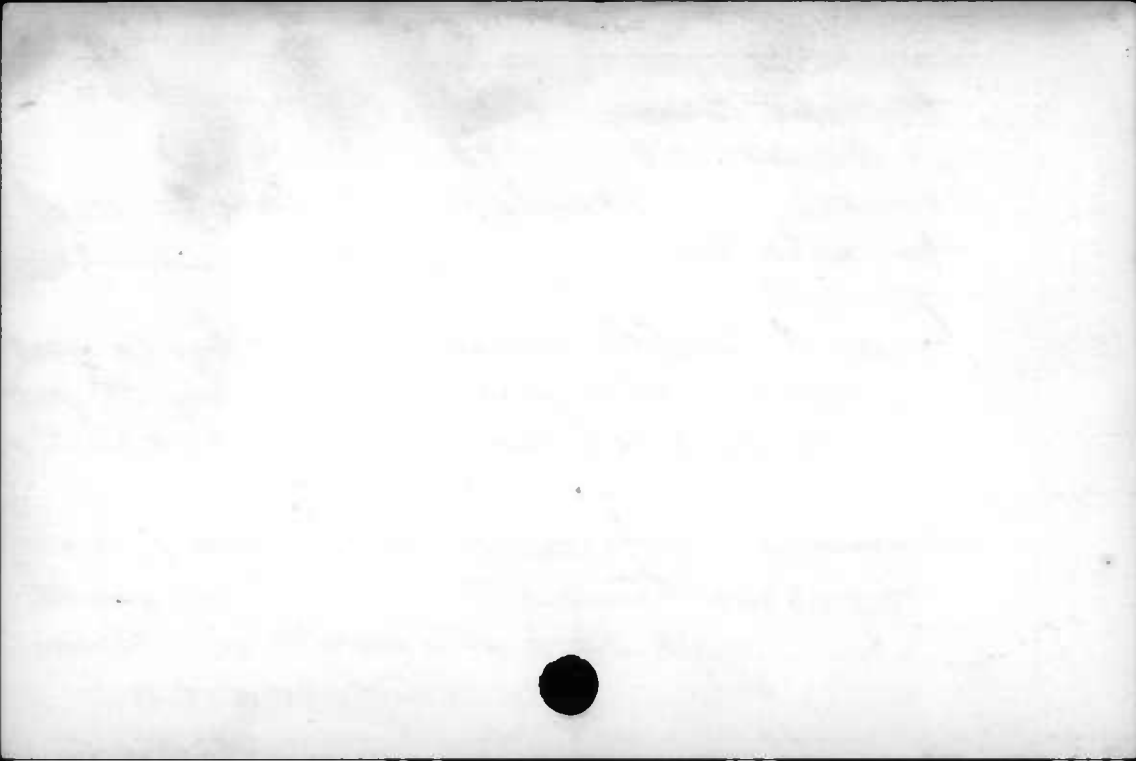
Immediate Hemiplegia How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. C. Carver M.D.

Address Hyattsville, Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gallant Green</i> Town <i>Chas. Co</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>August</i> Day <i>20</i> Age <i>70</i> Years Months <i>4</i> Days <i>—</i>	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Chas Co Ind</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Frank Wilkinson</i>	Father's Birthplace <i>Chas Co Ind</i>		
Mother's Maiden Name <i>Mary Adams</i>	Mother's Birthplace <i>Chas Co Ind</i>		
Name of person giving information <i>Wm. H. Wilkinson</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Primary Tuberculosis</i>	How long <i>Three years</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Morton</i>
	Address <i>Aquasco Ind</i>
Accident or Suicide? <i>No.</i>	

